

VZCZCXYZ0025
OO RUEHWEB

DE RUEHGE #0455/01 1311312
ZNR UUUUU ZZH
O 111312Z MAY 07
FM AMEMBASSY GEORGETOWN
TO RHMFISS/HQ USSOUTHCOM MIAMI FL IMMEDIATE 0065
RUEHC/SECSTATE WASHDC IMMEDIATE 5186
INFO RUEHBE/AMEMBASSY BELMOPAN 0002
RUEHBO/AMEMBASSY BOGOTA 0738
RUEHGT/AMEMBASSY GUATEMALA 0040
RUEHPE/AMEMBASSY LIMA 0404
RUEHMU/AMEMBASSY MANAGUA 0046
RUEHZP/AMEMBASSY PANAMA 0026
RUEHPO/AMEMBASSY PARAMARIBO 4334
RUEHPU/AMEMBASSY PORT AU PRINCE 0940
RUEHSP/AMEMBASSY PORT OF SPAIN 4034
RUEHQT/AMEMBASSY QUITO 0157
RUEHSN/AMEMBASSY SAN SALVADOR 0229
RUEKJCS/SECDEF WASHINGTON DC
RUEAUSA/DEPT OF HHS WASHINGTON DC

UNCLAS GEORGETOWN 000455

SIPDIS

SOUTHCOM FOR ADMIRAL STAVRIDIS FROM AMBASSADOR ROBINSON

SENSITIVE
SIPDIS

E.O. 12958: N/A
TAGS: [EAID](#) [MASS](#) [MOPS](#) [PREL](#) [TBIO](#) [XK](#) [XL](#) [GY](#)
SUBJECT: MAKING THE USNS COMFORT A SUCCESS

REF: A) USNS Comfort CONOP 1 Mar 2007
B) COMUSNAVSO DTG 022232Z May 07
(PDSS Country Clearance Request)
C) COMUSNAVSO DTG 041756Z May 07
(Comfort Operations Order)

¶1. (SBU) Summary: Guyana's capital and populated coastal areas benefit from one of the more impressive primary health care delivery systems in the low-income world. On the other hand, Guyana's hinterland areas are in great need of the primary health care services the USNS Comfort's ashore team could provide. Guyana is also a sophisticated consumer of foreign medical assistance. In order for the Comfort's mission to be successful at sending a strong message of U.S. compassion, support, and commitment, the Comfort will have to be seen to accomplish significantly more than the Cuban medical brigade or a visiting U.S. church group. In Guyana, the requirement that the USNS Comfort's medical personnel not travel further than sixty minutes from the ship and that they be aboard ship from dusk to dawn makes it difficult to achieve the President's objective of providing health care to those who most need it. If the Comfort comes to Guyana, the Country Team will do its utmost to ensure its visit is seen as a success. However, we reluctantly conclude that in Guyana a combination of general and surgical MEDRETES would be a more effective vehicle than the Comfort for reaching the targeted underserved population. End Summary.

¶2. (U) The Guyanese people and government welcomed President Bush's announcement that the Comfort's visit to Guyana would aid "people who might not otherwise get the basic health care they need to realize a better tomorrow" and that military medical teams will be operating inland to help bring treatment and care to those who need help.

¶3. (SBU) As a focus country of President Bush's Emergency Program for HIV/AIDS Relief (PEPFAR), health diplomacy is a cornerstone of this mission, occupying a major portion of this Embassy's staffing and budget. The experienced medical professionals in our CDC and USAID offices enjoy easy access to all levels of the medical sector, from the Minister of Health to midwives in hinterland medical outposts. In planning for the visit of the Comfort, Ministry of Health officials told us at every juncture that the Comfort's

services are most needed in the remote areas far from the capital, a conclusion shared by the Country Team.

¶4. (U) The Government of Guyana boasts, not without reason, that it has one of the better primary health care delivery systems in the low-income developing world. Indeed, Guyana has a childhood immunization rate as good as the United States. Guyana is also a sophisticated consumer of foreign medical assistance. In addition to benefiting from PEPFAR--the largest health diplomacy program in history--Guyana hosts medical assistance programs from Cuba, China, and Nigeria. The Cuban medical brigade alone has 62 doctors and medical professionals. There is also a continual flow through Guyana of medical teams from U.S. and Canadian universities, NGOs, and church groups. For example, last month a two-person University of Mississippi team screened 100 children with cardiac complications and performed digital catheterizations on nine of them. Missionary medical missions to hinterland areas routinely provide primary health care for 800 to 4000 people.

¶5. (U) The Guyanese have an appropriately high level of expectation for the United States military. The Minister of Health (and many other officials and several reporters) learned from U.S. military websites that the USNS Comfort's facilities include twelve operating theatres, 1000 hospital beds, and two UH-60 helicopters. Guyana's expectations for the Comfort have been further increased by these impressive sounding numbers.

¶6. (U) In order for the Comfort's mission to be successful at sending a strong message of U.S. compassion, support, and commitment, the Comfort will have to be seen to accomplish significantly more than the Cuban medical brigade or a visiting U.S. church group. In Guyana, the Comfort's primary health care services should be aimed at the desperately poor and underserved hinterland populations without access to medical care, rather than focusing on urban/suburban populations who have free access to adequate government-provided primary care and paid access to private providers. Surgical care should concentrate on complicated cases beyond the capability of Guyana's urban hospitals or on the large backlogs of routine surgeries at remote regional hospitals.

¶7. (SBU) As requested in the Comfort's ConOp and Pre-Deployment Site Survey (PDSS) country clearance message (refs A and B), our USNS Comfort working group arranged in-country air travel to remote sites for the PDSS and overland transport to local clinics and treatment facilities. However, while the PDSS team was in Guyana, the Comfort's Operations Order (ref C) announced that medical activities will be conducted during daylight hours only and no medical personnel will remain ashore overnight. The PDSS team explained that the Comfort's ashore team will be restricted to a strict 60-minute radius from the Comfort. Since the Comfort has to anchor 15 miles (45 minutes) off shore, that restricts primary health care delivery and Seabee community relations projects to a 15 minute radius from central Georgetown--the area with the least need in the country. It also makes continuing medical education impossible unless we pull physicians away from their daytime patient care responsibilities.

¶8. (SBU) Guyana's surgical needs are two-fold: doing the complicated cases beyond the capability of Guyana's urban hospitals (e.g., complex burn care and congenital deformities) and working on the large backlogs of routine surgeries at remote and understaffed regional hospitals. We learned from the PDSS team that there will be only 20 patient beds plus a 12 bed recovery unit and a small intensive care unit available on the Comfort to support the four functioning operating theaters. Thus, if each patient requires two or three days of on-board recovery, the lack of beds will restrict the Comfort to 40-70 surgeries during its week-long call in Guyana.

¶9. (SBU) The Country Team also has serious unresolved concerns about contingency planning for patients who suffer complications or who are not stable enough to transport when the Comfort departs. The deputy Minister of Health readily agreed that public sector practitioners would assume full responsibility for all post-operative care, suggesting that he might rent a warehouse to set up recovery beds for the surge of patients needing postoperative care. However, we must remember that these patients will receive their surgeries on the Comfort because the local medical infrastructure did not have the expertise and/or capacity to care

for them. We cannot assume that local hospitals will be able to manage follow-up care for patients who suffer complications but who must be off-loaded before the Comfort sails to its next port.

Recommendation

¶10. (SBU) If the Comfort comes to Guyana, the Country Team will do its utmost to ensure its visit is seen to be a success. However, the Country Team's reluctant conclusion is that with its existing restrictions, the USNS comfort might not be an appropriate mechanism for humanitarian assistance/health diplomacy in Guyana. It might be more appropriate to use this resource in locations where the Comfort's restrictions do not interfere with delivery of service to the targeted unserved populations. The fact that mud flats will force the Comfort to anchor 15 miles offshore in an area of rough seas could provide a convenient rationale for canceling the Guyana stop.

¶11. (SBU) If the Comfort is not able to come to Guyana, we could achieve significant public diplomacy objectives by identifying a handful of high-impact surgical cases to send to Trinidad for surgery on the Comfort during its stop in Port of Spain.

¶12. (SBU) As an alternative to the Comfort visit, Country Team suggests SOUTHCOM program MEDRETEs for Guyana. General multi-medical specialty MEDRETEs covering primary medical care, immunizations, dental and veterinary activities would have major impact in hinterland areas. Specialty surgery MEDRETEs could have a major impact in clearing long surgical backlogs in remote hinterland hospitals serving the indigenous population, and in helping with complex cases the Georgetown hospitals are not able to handle. The Mission's Humanitarian Assistance Program could support four MEDRETEs a year.

Surgical Needs That Could be Met by MEDRETEs at Regional Hospitals in Lethem, Charity, Suddie, Bartica, Skeldon:

- GENERAL SURGERY: Acute trauma, surgical emergencies, gallbladder disease, hernias, thyroid diseases, tonsillectomies, general surgery cases (breast and colon cancer, lumps and bumps, hemorrhoids, etc.)
- HAND SURGERY: Acute hand injuries
- OPHTHALMOLOGY: Cataract, strabismus, reconstructive orbital and lid surgery.
- OTOLARYNGOLOGY: mastoidectomies to control chronic middle and inner ear infections, hearing aids, trauma surgery.
- PEDIATRIC ORTHOPEDICS: acute trauma
- UROLOGY: urinary tract stones, trauma

Surgical Needs That Could be Met by MEDRETEs at Georgetown Hospitals:

- HAND SURGERY: old hand injuries including nerve, and tendon reconstruction.
- OPHTHALMOLOGY: reconstructive orbital and lid surgery.
- OTOLARYNGOLOGY: Tympanic membrane reconstruction, mastoidectomies to control chronic middle and inner ear infections, hearing aids, trauma surgery.
- PEDIATRIC ORTHOPEDICS: Correcting hip dysphasia, clubfoot, congenital malformations.
- UROLOGY: Urethra stricture reconstruction, pediatric congenital urinary tract malformations, female incontinence.

ROBINSON